

South Central MIRECC Communiqué

A publication of the Mental Illness Research, Education, and Clinical Center

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“Closing the efficacy-effectiveness gap”

Director’s Desk:

Biggest MIRECC PTSD Conference Yet!

Michael R. Kauth, Ph.D., Associate Director for Education

Those who attended the MIRECC PTSD Conference July 15-16 experienced a wonderful program with excellent speakers from a range of fields. 165 clinicians, chaplains, and counselors attended the conference, from as far away as Hawaii! Clinicians and counselors got a clear picture of what to expect from returning veterans. The presenters directed them to helpful resources and advised them to draw upon their clinical experience in treating traumatic stress resulting from previous military conflicts.

On the first day, the program covered pre-deployment to post-deployment mental health. Jennifer J. Vasterling, Ph.D., VISN 16 MIRECC Associate Director for Research, New Orleans VA Medical Center and Clinical Professor, Tulane University School of Medicine, described an ambitious prospective study with the VA and Department of Defense to track psychological and neuropsychological functioning in Iraq-deployed troops. Commander (ret) Dennis Reeves, Ph.D., formerly at the Naval Hospital, Camp Pendleton, described combat stressors experienced by soldiers in Iraq and his work with Combat Stress Units. Dr. Reeves depicted a provocative snapshot of life for our soldiers in Iraq in 2003. Josef Ruzek, Ph.D., Associate Director for Education, National Center for PTSD, Palo Alto and Director of PTSD Education, Sierra-Pacific (VISN 21) MIRECC, described issues faced by returning veterans and directed providers to treatment resources available through the National Center for PTSD web site. Harold Kudler, M.D., Mental Health Coordinator for VISN 6 and Associate Clinical Professor, Duke University Medical Center, spoke about the Undersecretary for Health’s Special Committee on PTSD, emphasizing the need for VA and Department of Defense to work together for a “seamless transition” for veterans to civilian life. Dr. Kudler described a post-deployment mental health intervention to identify returning veterans who are experiencing effects of combat stress and who may be having problems functioning in civilian life. Next, Colonel Elspeth Cameron Ritchie, M.D., Uniformed Services University of the Health Sciences, Bethesda and Mental Health Consultant to the Army Surgeon General, described the problem of sexual assault in the armed forces and how the military is dealing with this. Dr. Ritchie presented recommendations from the Department of Defense’s April 2004 Task Force Report for Care of Victims of Sexual Assault. The first day ended with a panel presentation by VA network and national leaders who discussed opportunities and challenges in treating PTSD.

On the second day, the program opened with the neurobiology of resilience by C. Andrew Morgan III, M.D., Director of the Human Performance and Psychophysiology Laboratory, National Center for PTSD, West Haven and Associate Professor, Yale University School of Medicine. Dr. Morgan described his work with special forces units to identify how people who effectively manage extreme levels of stress differ neurochemically from those who evidence less adaptive responses. Next, Colonel Ritchie reported on combat psychiatry in Iraq and described particular mental health issues faced by returning veterans.

In the afternoon, participants attended one of four concurrent interactive workshops focused on skills and techniques for treating traumatic stress. Barbara Rothbaum, Ph.D., Director of the Trauma and Anxiety Recovery Program, Emory University, held a workshop on exposure therapy. Lynn Waelde, Ph.D., Associate Professor, Pacific Graduate School of Psychology, Palo Alto, presented on meditation as a psychotherapeutic technique. James Pennebaker, Ph.D., Professor, University of Texas at Austin, described his decades of research on how and why emotional disclosure in journaling can have emotional and health benefits. And, Robyn Walser, Ph.D., PTSD Educator, Sierra-Pacific (VISN 21) MIRECC and National Center for PTSD, Palo Alto, held a workshop on the manualized Seeking Safety Therapy for PTSD. Participants in the four workshops will have the opportunity to consult with the presenters again on a conference call in September.

An educational program of this size requires many collaborators behind the scenes. I want to thank the Planning Committee for identifying timely topics and excellent speakers: Joseph Constans, Ph.D.; Kathy Henderson, M.D.; Michael Kauth, Ph.D.; Karin Thompson, Ph.D.; Madeline Uddo, Ph.D.; Jennifer Vasterling, Ph.D.; Robyn Walser, Ph.D.; and Jeffrey West, Ph.D. Thanks to Eleanor Haven and Gloria Elcock at the Employee Education System (EES) for accrediting the program. Thanks to Pamala Schmidt at the Tulane Center for Continuing Education for coordinating registration. Thanks to Tonya Dossman-Welch for working so well with the hotel and assisting the speakers. And thanks to the Biloxi VA Medical Center for sending David Whiteford to videotape presentations. Lastly, thanks to our friends in industry for underwriting the cost of this conference: Abbott Laboratories, Astra Zeneca, Eli Lilly and Company, and Pfizer. We could not have done this program without everyone's support.

Watch for future PTSD programs. You will not want to miss them!



SCMIRECC Internet Site is Active

www.va.gov/scmirecc/

The South Central MIRECC *Internet* web site is now a reality, offering a centralized site for distributing mental health information to veterans, caregivers, providers, and other professionals. Over the past several months, many investigators, Mental Health leaders, and staff have developed content, reviewed pages, and provided feedback about the site. Our goal was to establish a relevant and valuable web presence on the Internet for VA and non-VA mental health care professionals and for veterans and caregivers. The MIRECC will maintain the secure *intranet* site for VA-specific activities.

Give the site a look!

As with all good web sites, the SCMIRECC Internet site requires frequent refreshment with announcements of clinical and educational initiatives, findings from MIRECC projects, publication of upcoming events, and updates about affiliated personnel. Tom Teasdale, DrPH, Oklahoma City, is the MIRECC web site coordinator. Tell him what you think of the site! Send suggestions. Send him new material. Tell him when a link is broken. **The site reflects on you as a MIRECCer and VA provider.**

To reach Dr. Teasdale, e-mail thomas-teasdale@ouhsc.edu or call him at 405-270-0501 x1491.

No August Web Presentation

Because so many people are out on vacation this time of year, there will be no web-based presentation in August. The next web-based presentation is scheduled for September 16.

Upcoming Educational Event

Satellite Broadcast on Suicide Prevention

The Employee Education System, St. Louis Resource Center, in collaboration with the Mental Health Strategic Healthcare Group, are hosting a satellite broadcast entitled: Family and Community: Keys to Suicide Prevention. The program will be broadcast Tuesday, August 31, 2004, 1:00 PM – 2:30 PM ET, Channel 1, VA Knowledge Network. The urgent need for action on suicide prevention has been the subject of a number of reports and Congressional resolutions. With the current aging veteran population and the anticipated influx of veterans from Operation Iraqi Freedom and Operation Enduring Freedom, there is an increasing need for the Department of Veterans Affairs to develop and implement strategies of effecting positive change in this aspect of patient safety. This program will focus on using the veteran's family as a resource in suicide prevention.

For a full description of this program, handouts, and a listing of additional broadcast times/dates, go to http://vaww.sites.lrn.va.gov/vacatalog/cu_detail.asp?id=18672



Education Grant Proposals Due Aug 13

August 13 is the deadline for FY05 South Central MIRECC Clinical Education Grant proposals. If you have been thinking about writing an Education Grant, talk to Randy Burke, Ph.D., Education Grant Coordinator (Randy.burke@med.va.gov) or Michael Kauth, Ph.D., Associate Director for Education (Michael.kauth@med.va.gov). Drs. Burke and Kauth can advise you about what projects have been done and what will make a strong proposal. For advice on the evaluation plan, contact Snigdha Mukherjee, Ph.D., Evaluation Consultant (Mukherjeesnigdha@uams.edu). Talking with experts can only help your proposal!

This year the maximum amount of funding for a grant is \$7,000. Grant funds can be used to purchase and evaluate existing educational materials, use existing materials with a new population and evaluate, or develop new materials and test them. "Existing materials" mean commercial products (e.g., brochures, videotapes, manuals, etc) or any of the products developed by the MIRECC Education Grants Program (see attached list). "Evaluation" includes ratings of patient satisfaction, usefulness, appropriateness, relevance, and/or assessment of clinical outcomes. We have examples of simple evaluations that are available upon request.

VISN 16 and 17 mental health clinicians and trainees are eligible for these grants. For more information, contact Randy.burke@med.va.gov.

Do You Need Good Tools for Your Clinic?

Several high quality clinical tools have been developed through the MIRECC Clinical Education Grants Program and are available at no cost. To find the list of clinical products, go to <http://www.va.gov/scmirecc/>. Click on "Information for Providers and Professionals," then click on "Education" and then "Clinical Education Products." To receive a copy of any of these products, send your request to Melonie.lymuel-hartley@med.va.gov

Clinical Education Grants Report Psychoeducational Group Therapies for Veterans with Serious and Persistent Mental Illness

In 2001 **Nancy Faulk RN, MNsc, Ph.D.** (Shreveport VA Medical Center) received an educational grant to examine the benefits of engaging seriously and persistently mentally ill veterans in a comprehensive psycho-educational program and determine whether active participation in this program could reduce the number and length of inpatient hospital stays for these veterans. Dr. Faulk based her project on Liberman's Social and Independent Living Skills Modules. Patient educational materials used included workbooks on Symptom Management, Recreation as Leisure, Medication Management, Basic Conversation Skills, and Community Re-entry. Videotaped role-plays were an important component of Liberman's program.

However, soon after implementing Liberman's psychosocial educational sessions, Dr. Faulk discovered a number of problems. Veterans reported that the program workbooks were difficult to read and comprehend. Many veterans were reluctant or quite resistant to participating in videotaped role-playing sessions. Additionally, homework assignments were rarely completed and not viewed as significantly helpful.

Less than two months into implementing the program, a new psychoeducational approach, Neurotreatment Team Partners, developed and marketed by Eli Lilly and Company, was released. This program, which is free to the Veterans Health Administration, provided a variety of instructional materials in an easy-to-read, clear, and concise format. The Day Treatment Program staff decided

to implement Neurotreatment Team Partners in place of the Social and Independent Skills program. The new program was well received by both veterans and staff.

Veterans participated in the Day Treatment Program 3.5 hours each day, three days a week over 13 months, during which time materials from the Neurotreatment Team Partners program were employed in didactic presentations, voluntary role-playing, (but without videotape), and in vivo assignments to practice new skills in the home environment. With the permission of the veteran, family or friends were included in the educational process. Sixteen veterans completed the 14-month psychosocial program.

Fourteen of 16 veterans who actively participated in the program did not require hospitalization for treatment of a mental illness during the 14-month period. Two veterans required a single hospitalization, which was notably shorter than for the previous year. Overall, veteran participants verbalized a better understanding of their illness and treatment and demonstrated a greater willingness to partner with staff in healthcare decisions.

Dr. Faulk concluded that the Neurotreatment Team Partners educational program is an excellent tool for educating veterans and family/significant others about mental illness, treatment issues, and community re-integration. She found that the program is easy-to-understand and can easily be implemented with a group or individually. The material was especially useful for increasing patients' knowledge about schizophrenia and schizoaffective disorder but could be adapted for other disorders, such as bipolar disorder.

For more information about this project, contact Nancy.faulk@med.va.gov



Funding Opportunities

The National Institute on Drug Abuse (NIDA) is accepting cooperative agreement applications from established clinical investigators to participate in the National Drug Abuse Treatment Clinical Trials Network (CTN). Applications from geographic areas not currently well represented in the CTN are encouraged. The mission of the CTN is to conduct studies of behavioral, pharmacological, and integrated behavioral and pharmacological interventions in rigorous, multi-site clinical trials to determine the effectiveness of these interventions across a broad range of community-based treatment settings and diverse patient populations. Deadline for submission is October 14, 2004. For more information, go to <http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-05-001.html>

The National Institute on Aging (NIA) is seeking small grant applications to (1) stimulate and facilitate data archiving and secondary analyses of data related to caregiving, cognition, demography, economics, epidemiology, behavioral genetics, and other behavioral research on aging; (2) provide support for preliminary projects using secondary analysis that could lead to subsequent applications for other research project grant award mechanisms; (3) provide support for rapid analyses of new databases and experimental modules for purposes such as informing the design and content of future study waves; (4) provide support for the development, enhancement, and assembly of new databases from existing data; and (5) provide support for pilot research on under-utilized databases. For more information, go to <http://www.icpsr.umich.edu/NACDA>



August Conference Calls 1-800-767-1750

- 2—Education Core, 2:00 PM CT, access code 16821#
- 2—Schizophrenia Team, 3:00 PM CT, access code 20061#
- 11—Neuroimaging Group, 9:00 AM CT, access code 24394#
- 16—Disorder Team Leaders, 2:00 PM CT, access code 20143#
- 17—Substance Abuse Team, General, 1:00 PM CT, access code 23400#
- 17—Families Team, 1:00 PM CT, access code 42035#
- 17—Directors Call, 3:00 PM CT, access code 19356# [This call is at a new time]
- 18—Program Assistants, 2:00 PM CT, access code 43593#
- 23—PRECEP Call, 11:00 AM CT, access code 39004#
- 24—Directors Call, 3:00 PM CT, access code 19356#

The next issue of the *South Central MIRECC Communiqué* will be published September 7, 2004. Deadline for submission of items to the September newsletter is August 31. Urgent items may be submitted for publication in the *Communiqué Newsflash* at any time. Email items to the Editor, Michael R. Kauth, Ph.D., at Michael.Kauth@med.va.gov or FAX to (504) 585-2954.

South Central MIRECC Internet site: www.va.gov/scmirecc/

National MIRECC Internet site: www.mirecc.med.va.gov